

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-870)							SERIAL NO. 545678		FILING DATE 4-7-00		
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
	IND.	DEP.	IND.	DEP.	IND.	DEP.					
1	1						61				
2							62				
3							63				
4							64				
5							65				
6							66				
6							66				
7							67				
8							68				
9							69				
10							69				
11							70				
12							70				
13							71				
14							71				
15							72				
16							72				
16							73				
17							74				
18							75				
19							76				
20							76				
21							77				
22							78				
23	1						79				
24							80				
25							81				
26							82				
27							83				
28							84				
29							85				
30							86				
31							87				
32							88				
33							89				
34	1						90				
35							91				
36							92				
36							93				
37							94				
38							95				
39							96				
40							97				
41							98				
42							99				
43							100				
44											
45											
46											
46											
47											
48											
49											
50											
TOTAL IND.	3						TOTAL IND.				
TOTAL DEP.	55						TOTAL DEP.				
TOTAL	58						TOTAL				